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About NAMI Texas

The National Alliance on Mental Illness of Texas (NAMI Texas) is a 501(c)3 nonprofit organization founded by volunteers in 1984. NAMI Texas is affiliated with the National Alliance on Mental Illness (NAMI) and has 27 local Affiliates throughout Texas. NAMI Texas has nearly 2,000 members made up of individuals living with mental illness, family members, friends, and professionals. Its purpose is to help improve the lives of people affected by mental illness through education, support, and advocacy.

Interim Charge 3: Review behavioral health capacity in the state, with a focus on suicide prevention efforts...Review suicide prevention programs and initiatives across state agencies, evaluate their effectiveness, and identify opportunities for greater coordination.

Introduction

This testimony will provide some highlights from the HB 3980 report that can be found here. We will then provide brief recommendations on improving the effectiveness of initiatives across Texas. With the exception of the recommendations, most of the text comes either directly quoted or paraphrased from the HHSC HB 3980 first report:

<https://hhs.texas.gov/reports/2020/06/suicide-suicide-prevention-texas>

High Risk Populations

HB 3980 was designed to evaluate both groups at higher risk of suicide and paint a broader picture of suicide prevention in Texas.

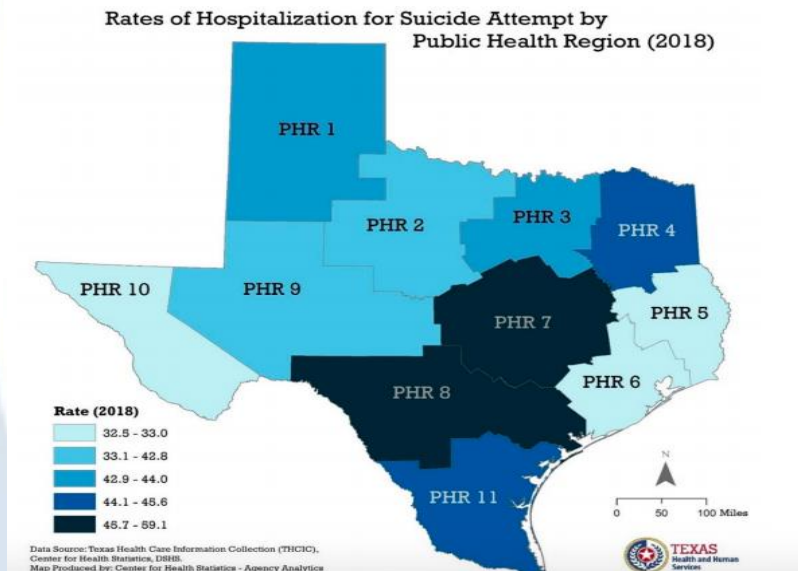
- Texas overall rate of death by suicide rose from 9.8 deaths to 13.3 deaths by 100,000 population between 2000 and 2017.
- Youth ages 15-24 saw an increase in death by suicide from a rate of 10.7 deaths to 15.1 deaths per 100,000 population between 2000 and 2017.
- The majority of suicides occur during middle age: Adults aged 45-54 saw an increase from 14.9 deaths to 17.8 deaths per 100,000 population between 2000 and 2017.
- Adults aged 55-64 saw the greatest increase in suicide mortality of any age group from 2000 to 2017, from a rate of 11.5 deaths to 18.5 deaths per 100,000 population.
- Every race and ethnicity saw an increase in deaths by suicide between 2000 and 2017.
- White men have the highest rates of death by suicide with 33.7 per 100,000 population in 2017.

- Veteran suicide death rates rose 2005 and 2017, from 23.8 deaths to 31.3 deaths per 100,000 veteran population.
- Young adults and adults both were about five times as likely to have suicidal ideation if they also identified as gay, lesbian, or bisexual.
- Students who identified as gay or lesbian were more than four and half times as likely to have attempted suicide as their straight classmates while students who identified as bisexual were nearly two and a half times as likely in 2017.
- Texas has the highest suicide attempt rate for gay and lesbian students in the United States.

Regional Disparities

- Many Texas counties do not have public reliable data on suicide rates because their low suicide numbers combined with low population over 18 years means the state is not able to reliably calculate the rate and protect confidentiality.

Figure 24. Rates of Hospitalization for Suicide Attempt per 100,000 Population by Public Health Region, Texas 2018²³



- The counties with the highest reliable death by suicide rate were Haskell (24.6), Jones (23.4), Aransas (22.5), Marion (22.4), Stephens (22.2), Montague (21.9), Somervell (21.3), Anderson (21.1), Carson (20.4), Tyler, (20.4), Fannin (20.2), Van Zandt (20.2), Palo Pinto (20.2), Blanco (19.9), Polk (19.9), and Bandera (19.6).
- The counties with the lowest reliable death by suicide rates were Hidalgo (5.1), Maverick (5.3), Webb (5.4), Willacy (5.5), Cameron (6.1), Starr (7.0), Frio (7.4), Brazos (7.7), Val Verde (7.7), El Paso (8.0), Fort Bend (8.0), Moore (8.6), Hale (8.9), Collin (9.4), Pecos (9.5), Dawson (9.6), Deaf Smith (9.7), Denton (9.7), Dallas (9.8), and Washington (9.8).
- While the majority of suicide deaths in Texas occur in metro areas, the suicide mortality rate in non-metro areas is about 30-45% higher than the rate in metro areas.

Existing Programs

Texas participates in a number of initiatives to reduce suicide across the state. NAMI Texas wants to highlight that while these programs are highly valuable, they are at risk of not being continued due to lack of continued federal funding. This text comes from the HHSC HB 3980 Report and is a sample of current initiatives operating in Texas.

Suicide Care Initiative (SCI)

- SCI will work through Local Mental Health Authorities (LMHAs) and Local Behavioral Health Authorities (LBHAs) with schools, faith-based organizations, primary care, and hospitals to implement a Zero Suicide framework through three collaborative projects reaching individuals at any stage in their suicide care journey.
- The following four LMHA pilot sites will oversee the development, implementation and evaluation of SCI projects through the grant funding provided: The Harris Center for Mental Health, Integral Care, My Health, My Resources (MHMR) of Tarrant County; and Tropical Texas Behavioral Health.
- **If successful, this pilot program may need continued funding. The federal block grant is allowed for FY2020 only.**

Table 42: Funding for FY2020 Suicide Care Initiative (SCI)

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	\$0	\$0	\$0	\$0	\$0
Federal Funds, Discretionary Grant	\$0	\$0	\$0	\$0	\$0
Federal Funds, Block Grant	\$2,000,000	\$0	\$0	\$0	\$0
Interagency Contract	\$0	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0	\$0
Sub-total	\$2,000,000	\$0	\$0	\$0	\$0

National Suicide Prevention Lifeline (NSPL)

- Four Local Mental Health Authorities (The Harris Center, Emergence Health Network, Integral Care, and MHMR of Tarrant County) participate as NSPL members within a national network of local crisis centers that provides free and confidential emotional support to people in suicidal or emotional distress 24 hours a day, 7 days a week.
- **This program may receive but does not currently have additional federal funds designated beyond FY2021.**

Table 46: Funding for FY2020-FY2021 National Suicide Prevention Lifeline (NSPL)

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	\$0	\$0	\$0	\$0	\$0
Federal Funds, Discretionary Grant	\$1,513,529	\$1,567,276	\$0	\$0	\$0
Federal Funds, Block Grant	\$0	\$0	\$0	\$0	\$0
Interagency Contract	\$0	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0	\$0
Sub-total	\$1,513,529	\$1,567,276	\$0	\$0	\$0

Signs of Suicide (SOS)

- SOS is a universal, school-based depression awareness and suicide prevention program designed for middle-school (ages 11-13) and high-school (13-17) students.
- Program has been funded by a federal block grant since FY2015. **Program received an additional \$25,000 for FY2020, but no funding beyond FY2020.**

Table 4: Funding for FY2015-FY2019 Signs of Suicide

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	\$0	\$0	\$0	\$0	\$0
Federal Funds, Discretionary Grant	\$0	\$0	\$0	\$0	\$0
Federal Funds, Block Grant	\$18,428	\$47,058	\$45,962	\$56,856	\$18,626
Interagency Contract	\$0	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0	\$0
Sub-total	\$18,428	\$47,058	\$45,962	\$56,856	\$18,626

Resilient Youth - Safer Environments (RYSE)

- This SAMSHA funded grant creates comprehensive Suicide Safer Early Intervention and Prevention (SSIP) systems to support youth serving organizations, including Texas schools, mental health programs, educational institutions, juvenile justice systems, substance abuse programs, and foster care systems.
- The target population, youth ages 10 to 24 years at elevated risk of suicide and suicide attempts, will receive enhanced services through best practice trainings, improved suicide care in clinical early intervention, and effective programming and treatment services in Hurricane Harvey and Sante Fe ISD schools.
- **This program is funded by federal discretionary grants until the end of FY2024.**

Table 41: Funding for FY2020-FY2024 Resilient Youth - Safer Environments (RYSE)

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	\$0	\$0	\$0	\$0	\$0
Federal Funds, Discretionary Grant	\$736,000	\$736,000	\$736,000	\$736,000	\$736,000
Federal Funds, Block Grant	\$0	\$0	\$0	\$0	\$0
Interagency Contract	\$0	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0	\$0
Sub-total	\$736,000	\$736,000	\$736,000	\$736,000	\$736,000

Throughout the examples provided, suicide prevention in Texas has relied heavily on federal funding for programs that prevent suicide and save lives. This dependence on federal funding opportunities has created multiple challenges.

1. Texas' unique needs may not match the priorities of the federal grantors, as our demographics and population differ substantially from many other states.
2. Successful suicide prevention programs in Texas may disappear when the federal agencies shift priorities.
3. The state relies heavily on public-private partnerships that operate under patchwork systems of funding and may struggle to reach the capacity needed for Texas to adequately address rising suicide rates.

Recommendations

To mediate these concerns, NAMI Texas recommends:

1. Building suicide prevention program funding into each state agency and promoting cross-agency coordination.
2. Ensure sustainability through state-funded block grants and general revenue funding dedicated to address gaps in federal funding
3. Utilizing public-private partnerships, such as the Texas Suicide Prevention Collaborative, to reach areas that otherwise have limited capacity to address suicide.

Additionally, NAMI Texas recommends the committee view the next HB 3980 report, to be released by the end of this year, for recommendations from the Behavioral Health Executive Council to the Legislature, on how the state can specifically address suicide in the years to come.